## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10789753

| CLAIMS AS FILED - PART I  |  |   |                 |                                       |              |                  |       | SMALL ENTITY      |                        |          | OTHER THAN              |                        |  |
|---|--|---|-----------------|---------------------------------------|--------------|------------------|-------|-------------------|------------------------|----------|-------------------------|------------------------|--|
| <u> </u> _  | ·  |   | (Column 1)      |                                       | (Column 2)   |                  |       | TYPE              |                        | OR       | OTHER THAN SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |  |   | 28              |                                       |              |                  |       | RATE              | FEE                    | 7        | RATE                    | FEE                    |  |
| FOR   |  |   | NUMBER FILED    |                                       | NUMBER EXTRA |                  |       | BASIC FE          | E 385.00               | OR       | BASIC FEE               | <del> </del>           |  |
| Ţ   | OTAL CHARGE                                    | ABLE CLAIMS                               | Wminus 20=      |                                       | . 8          |                  |       | X\$ 9=            |                        | OR       | X\$18=                  | 144                    |  |
| ΙN  | DEPENDENT (                                    | CLAIMS .                                  | minus 3 =       |                                       | • (          |                  | •     | X43=              |                        | OR       | X86=                    | 86                     |  |
| М   | ULTIPLE DEPE                                   | NDENT CLAIM F                             | PRESENT         |                                       |              |                  |       | +145=             |                        | OR       | +290=                   | 0 0                    |  |
| *   | f the differenc                                | e in column 1 is                          | less than z     | ero, enter                            | "0" in c     | column 2         | ı     | TOTAL             |                        | OR       | TOTAL                   | 1,000                  |  |
| CLAIMS AS AMENDED - PART II   |  |   |                 |                                       |              |                  |       |                   |                        |          | OTHER                   |                        |  |
| _   | 1  | (Column 1)                                |                 | (Colum                                | nn 2)        | (Column 3)       |       | SMALL             | ENTITY                 | OR       | SMALL                   |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGHE<br>NUMB<br>PREVIO<br>PAID F     | ER<br>USLY   | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  |   | Minus           | **                                    |              | =                |       | X\$ 9=            |                        | OR       | X\$18=                  |                        |  |
| AME   | Independent                                    | * ENTATION OF MI                          | Minus           | TIPLE DEPENDENT                       |              | -                |       | X43=              |                        | OR       | X86=                    |                        |  |
|   | 1.1.0.   |   | +145=           |                                       | OR           | +290=            |       |                   |                        |          |                         |                        |  |
|   |  |   |                 |                                       |              |                  |       | TOTAL             |                        |          | TOTAL                   |                        |  |
|   |  | (Column 1)                                |                 | (Colum                                | n 2)         | (Column 3)       | A     | DDIT. FEE         |                        | JO., 7   | ADDIT. FEE              |                        |  |
| 8   |  | CLAIMS                                    |                 | HIGHE                                 | ST ·         |                  | _     |                   | ADDI-                  | 1 5      | <u>+</u>                | 4001                   |  |
| AMENDMENT   |  | REMAINING<br>AFTER<br>AMENDMENT           |                 | PREVIOU<br>PAID F                     | JSLY         | PRESENT<br>EXTRA |       | RATE              | TIONAL<br>FEE          |          | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus           | **                                    |              | = '              |       | X\$ 9=            |                        | OR       | X\$18=                  |                        |  |
| AME   | Independent                                    | *   | Minus           | ***                                   |              | = .              |       | X43=              |                        | OR       | X86=                    |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                                       |              |                  |       |                   |                        |          |                         |                        |  |
|   |  |   |                 | ,                                     |              |                  | L     | +145=             |                        | OR       | +290=                   |                        |  |
| •   |  |   |                 |                                       |              | ,                | AD    | TOTAL<br>DIT. FEE | ·                      | OR A     | TOTAL<br>DDIT. FEE      |                        |  |
|   |  | (Column 1)                                |                 | (Column                               |              | (Column 3)       | . :   |                   |                        |          |                         |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·               | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R            | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus           | **                                    |              | =                |       | X\$ 9=            |                        | OR       | X\$18=                  |                        |  |
| ME  | Independent                                    |   | Minus           | ***                                   |              | =                | -     | X43=              |                        |          | X86=                    |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                                       |              |                  |       | <del></del>       |                        | OR -     | <b>∧00=</b>             |                        |  |
| * If  | the entry in colum                             | nn 1 is loss than the                     | entry in eater  | na 2                                  | • in act.    |                  | +     | 145=              |                        | OR       | +290=                   |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***OPTION OF TOTAL ADDIT. FEE |  |   |                 |                                       |              |                  |       |                   |                        |          |                         |                        |  |
| T   | he *Highest Num                                | ber Previously Paid                       | For (Total or I | Independent                           | is the h     | ighest number (  | found | in the app        | opriate box            | in colur | nn 1.                   |                        |  |